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PTO/SB/82 (10-00)

Approved for use through 10/31/2002. OMB 0651-0035

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Application Number	09/737,197
Filing Date	12/14/2000
First Named Inventor	Hals, Erik D.
Group Art Unit	3661
Examiner Name	Not yet assigned
Attorney Docket Number	I02.001

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☐ Applicant/Inventor.☒ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)**RECEIVED**

APR 14 2001

SIGNATURE of Applicant or Assignee of Record

Name

Mark Stein, Esq.

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Signature

Date

March 29, 2001

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PTO/SB/81 (10-00)

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Application Number	09/737,197
Filing Date	12/14/2000
First Named Inventor	Hals, Erik D.
Group Art Unit	3661
Examiner Name	Not yet assigned
Attorney Docket Number	102.001

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☐ Applicant/Inventor

☒ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name Mark Stein, Esq.

Signature

Date

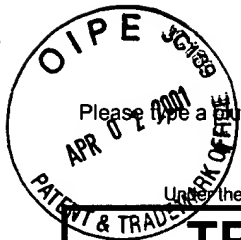
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PTO/SB/21 (08-00)

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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Application Number	09/737,197		
	Filing Date	12/14/2000	
	First Named Inventor	Hals, Erik D.	
	Group Art Unit	3661	
	Examiner Name	Not yet Assigned	
Total Number of Pages in This Submission	3	Attorney Docket Number	102.001

ENCLOSURES (check all that apply)

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input checked="" type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s)	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks		RECEIVED APR 04 2001 TO 3600 MAIL ROOM

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Scott B. Allison
Signature	
Date	March 30, 2001

CERTIFICATE OF MAILING

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